

ACX REGISTRATION FORM

FOR OFFICIAL USE ONLY

IN PERSON
PROGRAMMED

MAIL
CS
CALT/OCC
ATPD
MILA

OC
MP
TEA/SR
ALUM

LATE
FAC/STAFF
NALM

For priority registration, register online:

artcenter.edu/acx

Person to contact in an emergency

Phone

Student ID # (continuing students only)

Last name

First

Middle

Address

Apt #

City

State

ZIP

Daytime phone

Evening phone

Email

Social Security Number

Birth date

Information (optional)

Gender:

Male Female Non-binary

Are you Hispanic or Latino?

Yes No

Check all that characterize your race:

- Alaskan/American Native
 Asian
 Black/African American
 Hawaiian/Pacific Islander
 White
 Decline to state

Sex:

Male Female

Course Registration

Fall 2023 Spring 2024 Summer 2024

Course #	Title	Instructor	Day(s)
	\$ - \$	+ \$	= \$
	Tuition	Discount*	Lab fee
			Total

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	\$ - \$	+ \$	= \$
	Tuition	Discount*	Lab fee
			Total

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	\$ - \$	+ \$	= \$
	Tuition	Discount*	Lab fee
			Total

Prerequisites completed

Name of school where prerequisites were completed

Have you previously enrolled in ArtCenter at Night or ACX?

In the ArtCenter bachelor's degree program?

Payment

Visa MasterCard American Express Discover

Credit card number

Exp. date

Security code

Name on card

Billing address (as shown on credit card statement, if different from address above)

City

State

ZIP

Cardholder signature

As a student of ArtCenter, I agree to abide by all policies and regulations of the College.

Signature

Date